Grand Council Service Certificate Multiple Member Request Form

ALL ITEMS ON THIS FORM MUST BE COMPLETED AND PRINTED LEGIBLY

If you have more than 8 Members, then use separate forms for each set of eight or less.

Date of Request:	Council Name:			No.:
Located in (City only):	Name of Recorder:			
Member Full Name	Member MMS Membership No.	Date Select Master Degree Completed	Service Years: Specify 25 Yr / 50 Yr / Special (No. of years)	If 50 yr, then want free 50 year pin? Yes / No